RURAL DISTRICT COUNCIL
OF WORTLEY.

ANNUAL REPORT

For the Year 1908

Alexander Anderson,

M.A., M.B. D.P.H.,

MEDICAL OFFICER OF HEALTH.

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To the Chairman and Members of the Wortley
Rural District Council.

Gentlemen,

I beg to submit my Annual Report for the year 1908.

The health of the district during the year was, on the whole, satisfactory. The general death rate, the zymotic death rate, and the infantile mortality were all below the average. The death rate from Pulmonary Tuberculosis was the lowest on record. There has also been a marked decrease in the prevalence of infectious sickness.

The principal rates of mortality may be usefully compared with those for England and Wales, the population of which I have on previous occasions shown to be strictly comparable, in its age and sex constitution, with that of the Wortley district :—

	England and Wales.	Wortley District.	
			Average ten years
	1908.	1908.	1898-1907.
Birth rate per 1000 of the population	26.5	31.7	32.4
Death rate ,, ,,	14.7	14.9	15.5
Zymotic death rate per 1000 ,,	1.29	1.44	2.06
Infantile mortality per 1000 births ...	121	122	136

The mortal statistics for 1908 are thus seen to be considerably lower than the average of the previous ten years and are almost as low as those obtaining in the country generally.

I am,
Your obedient servant,
February 26th, 1909. ALEXANDER ANDERSON.

Report for the Year 1908.

I.—VITAL STATISTICS.

Population.—The population of the district, estimated to the middle of 1908 by the Registrar-General's method, was 32,045. This estimate is obtained by assuming that the population is increasing at the same rate as it did during the inter-censal period, 1891-1901. There are reasons, however, for believing that the estimate obtained by this method is too low. Thus, the natural increase of the population (*i.e.* the excess of births over deaths) during the seven years, 1902-08, was 3,487, while the estimated increase is only 2,380. This discrepancy cannot be accounted for by assuming that emigration from the district is excessive. On the contrary, it is probable immigration into the district more than counterbalances emigration from it. Again, there are in the scavenging area alone 650 more houses than were inhabited in the whole district at the census of 1901, which would add, approximately, 3,200 to the population, as compared with the estimate of 2,380. For the sake of uniformity I have adhered to the method of estimating the population adopted in previous years, but in considering the birth and death rates it ought to be borne in mind that they are probably too high.

The following table shows the distribution of the population in the various sub districts :—

TABLE A.

Acreage, Population, and Inhabited Houses, 1891 and 1901.

						POPULATION.		
		Inhabited Houses.		Persons per house.		Census.		Estimated to
Sub-District.	Acreage.	1891	1901.	1891.	1901.	1891.	1901.	middle 1908
Ecclesfield	9,368	2,892	3,420	5.1	4.9	16,665	18,324	19,640
Bradfield	34,780	1,331	1,465	5.0	5.1	6,728	7,916	8,906
Tankersley	2,465	357	428	6.2	5.6	2,216	2,423	2,585
Wortley	5,617	211	200	5.3	5.0	1,138	1,002	914
Whole District	52,230	4,791	5,513	5.2	5.0	26,747	29,665	32,045

The **Births** registered in the district numbered 966, equal to a birth rate of 31.7 per 1000 of the population. The average rate for the previous ten years was 32.4.

The birth rate for the whole of England and Wales in 1908 was 26.5. This rate is almost as low as that for the previous year, which was 26.3 and was the lowest ever recorded.

The male births numbered 488 and the female births 478. There were 37 illegitimate births, equal to a rate of 38 per 1000 births.

The birth rate in Ecclesfield was 35.3, in Bradfield 24.8, in Tankersley 30.2, in Wortley 29.5.

Deaths.—The total number of deaths registered in the district during the year was 607. Of these, 170 were those of non-residents, 168 occurring in the South Yorkshire Asylum and 2 in Grenoside Workhouse, while 16 deaths of persons previously resident in the district took place in the following Sheffield institutions:—Royal Infirmary 11, Royal Hospital 1, Women's Hospital 1, Children's Hospital 1, Fir Vale Infirmary 2. Deducting the former and adding the latter, we obtain the number of deaths which properly belong to the district. The **Nett Deaths,** therefore, were 453, equal to a death rate of 14.9 per 1000 of the population.

The average rate for the previous ten years was 15.5. The death rate in England and Wales during 1908 was 14.7, which is the lowest ever recorded.

The death rates in the sub-districts were: Ecclesfield 15.3, Bradfield 14.1, Tankersley 14.7, Wortley 14.2.

There were 13 uncertified deaths, and inquests were held in 16 instances.

The general death rate for the year is thus below the average of the previous ten years, and is only .2 higher than the rate for the whole of England and Wales.

As compared with 1907, there has been a decrease in the mortality from infectious diseases, especially Measles, from Influenza, from Pulmonary Tuberculosis and from Accidents, while the deaths from Heart Disease have increased in number.

Age Mortality.—The deaths at selected age periods and the death rates per 1000 of the population living at the various ages are shown in the following table.

TABLE B.

Age.	Population estimated to middle 1908.	Deaths.	Death rate per 1000
Under 1 year	850	118	138.6
1 ,, 5 years	3,239	48	14.8
5 ,, 15 ,,	6,919	17	2.4
15 ,, 25 ,,	6,004	20	3·3
25 ,, 65 ,,	13,699	135	9.8
65 and over	1,334	115	86.2

As compared with the previous year, the death rate has decreased at all age periods except at ages 15-25 years. The decrease is especially marked at the age period 1-5 years, owing chiefly to the decreased mortality from Measles.

Infantile Mortality.—The deaths amongst infants under one year of age numbered 118, equal to an infantile mortality of 122 per 1000 births. The average rate for the previous ten years was 136. The infantile mortality for England and Wales during 1908 was 121. The rates for the sub-districts were:—Ecclesfield 110, Bradfield 145, Tankersley 205, Wortley nil.

It will be observed that the infantile mortality for the district during the year is practically the same as that for the whole country. The mortality in Bradfield sub-district, however, is high, and in Tankersley exceptionally high, while in Wortley there was not a single infantile death. When dealing with small populations, too much importance should not be attached to the figures for one year, as the mortality varies considerably in the different sub divisions of the district from year to year, as is shown in the following table:—

INFANTILE MORTALITY PER 1,000 BIRTHS.

Year.	Ecclesfield.	Bradfield.	Tankersley.	Wortley.
1902	115	144	132	80
1903	133	137	73	77
1904	137	84	105	80
1905	113	163	88	107
1906	110	121	106	100
1907	131	158	129	45
1908	110	145	205	nil

The average rates for the seven years, 1902-08, are as follows :— Ecclesfield 121, Bradfield 136, Tankersley 119, Wortley 69, Whole District 123, England and Wales 130.

Ecclesfield Parish can, for the purpose of calculating the infantile mortality, be further sub-divided into Chapeltown Special Sanitary District (exclusive of that portion situated in Tankersley parish) and the rest of Ecclesfield, when it is found that the average rate for the former is 132 and for the latter, 112.

In Table V. the various causes of infantile mortality are detailed, month by month. The following is a summary of this table for each of the years 1905-1908 :—

INFANTILE DEATHS PER 1,000 BIRTHS.

	1905	1906	1907	1908
Common Infectious Diseases ...	3	3	16	8
Diarrhœal Diseases	15	35	15	18
Premature Births	25	11	18	19
Other Wasting Diseases	22	22	17	19
Tuberculous Diseases	3	2	4	9
Convulsions	11	11	17	12
Pneumonia and Bronchitis... ...	34	19	37	34
Other causes	7	7	9	3

From the above table it is seen that the chief causes of death amongst infants are prematurity, wasting diseases, diarrhœa, pneumonia and bronchitis, and convulsions. Though a few deaths, especially those occurring in the early weeks of life, are due to congenital or other causes operating before birth, and are, to a certain extent, beyond the reach of practical preventive measures, there is no doubt that most deaths are due to the combined influence of insanitary conditions in and around the home and of carelessness and ignorance on the part of mothers. These latter influences are largely capable of being remedied. The external environment is gradually being improved, though much yet remains to be done in bettering the housing conditions, in converting insanitary privies into water closets, and in paving the yards in populous localities. The most potent influence, however, in the rearing of children is the maternal influence, and it is the ignorance and carelessness of many mothers, revealed in improper methods of feeding, in uncleanliness in the home, and in unnecessary exposure of infants, which is mainly responsible for the high infantile death rate. The experience of several places shows that an enormous reduction in mortality can be effected when proper supervision is exercised over the care and feeding of infants.

Before any preventative measures can be initiated, it is essential that early information should be obtained of the houses where births occur. The provisions of the Notification of Births Act, 1907, undoubtedly afford the best and quickest means of obtaining this information. There are, however, difficulties in the way of adopting that Act in this district, the chief of which are—(1) There is no provision in the Act for applying it to part of the district ; it must be adopted for the whole area of the Sanitary Authority. In this respect the Act appears to me to require amendment, because in large districts there are wide differences in the infantile mortality obtaining in different localities. It would not seem necessary, for example, to put the act in force in Wortley parish where the rate is as low as it is ever likely to be, whatever preventive measures may be adopted. (2) There is the difficulty in a large area of making suitable arrangements for visiting the houses where births occur and giving the necessary advice and instruction to those in charge of infants. The Local Government Board will not consent to the Act being adopted unless such arrangements are made or are likely to be made. "These arrangements," they state, "would usually best be carried out by local agencies acting under the Medical Officer of Health." District nursing agencies seem to me to be the most suitable for work of this description. Until recently, however, the district has been singularly lacking in district nursing institutions. In Ecclesfield village a private Nursing Home has been in existence for a few years, and the nurses attached to the Home would be available for assisting in this work. District nurses have also recently been working under private auspices at Oughtibridge and at Wortley, but, with these exceptions, there are no nurses in the other localities. If district nursing institutions were established in the populous localities, great advantage would result from the Council co-operating with them and utilising the services of the nurses, wherever possible. Lady health visitors, both those appointed as paid officials and those working voluntarily, have done excellent work in towns and urban districts, but I doubt whether it would be possible to enlist the services of a sufficient number of lady workers in this district. Until the various localities are better equipped with nursing institutions, I do not think it would be advisable to take steps for adopting the Notification of Births Act.

In the meantime some good could be done by obtaining weekly lists of the births registered in localities where the services of the nurses can be utilised. The disadvantage attached to this method is that six weeks may elapse before a birth is registered and several deaths of infants may have occurred before any action can be taken. Most of these early deaths, however, are due to prematurity or congenital defects, such as are not so likely to be prevented by administrative measures. The Council has arranged for such returns for Ecclesfield, and the managers of the Nursing Home have kindly consented to allow the nurses to visit such houses where births have lately occurred as may appear desirable, and give advice and help to the mothers or those in charge of infants.

During the last three years the District Registrars have handed to those registering births printed leaflets giving instructions in the care and feeding of infants. Until arrangements for visiting the homes are made in other localities similar to those being tried in Ecclesfield, the distribution of these leaflets is to be continued.

Tuberculous Diseases.—Pulmonary Tuberculosis caused 16 deaths and other forms of tuberculous disease 17 deaths, the combined rate being 1.08 per 1000 of the population. The death rate from Pulmonary Tuberculosis alone was 0.52 for the whole district and for the Sub-districts—Ecclesfield, 0.49; Bradfield, 0.69; Tankersley, 0.39 and Wortley, nil.

The deaths and death rates from Pulmonary Tuberculosis in previous years are as follows.—

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
Deaths	47	38	35	41	20	33	31	24	21	26
Death rate per 1,000	1.12	0.88	0.79	0.97	0.70	1.14	1.07	0.82	0.70	0.86

The death rate during 1908 from this cause is the lowest on record. It is worthy of note that in Wortley parish during the last seven years there has been only one death from Pulmonary Tuberculosis and no deaths from any other form of Tuberculosis.

Wortley parish seems to be a particularly favoured area in the almost complete absence of tuberculous infection, so far as the death records go.

During the latter half of the year, the medical practitioners in the district were invited, on payment of the usual fee, to notify voluntarily cases of Pulmonary Tuberculosis, more especially those cases of so-called "open" Tuberculosis, which are dangerous from the point of view of the distribution of the germs of the disease. Up to the end of the year no notifications were received but at the time of writing six cases have been notified.

The Order of the Local Government Board which came into force at the commencement of the current year and which enforces the compulsory notification of all pauper cases of Pulmonary Tuberculosis, is a step in the right direction. Under the provisions of this Order very thorough supervision can be exercised over the home conditions of those cases brought to our knowledge in this way and much valuable work can be carried out in securing disinfection and cleanliness of the home and of infected articles, in the prevention of indiscriminate expectoration and in educating the sufferer in the value of the open-air treatment of this disease. I have no doubt that, as this Order becomes generally known,.it will also have the effect incidentally of increasing the number of cases voluntarily notified, as members of households where this disease exists will be glad to secure assistance in the disinfection of the premises and infected articles.

Respiratory Diseases.—101 deaths were caused by diseases of the respiratory system, equal to a death rate of 3.3 per 1000 as compared with 3.4 in 1907.

Two deaths occurred from ganister's disease of the lungs.

Malignant Diseases caused 24 deaths, of which 20 were ascribed to Cancer.

Influenza caused 4 deaths.

Zymotic Diseases, which include the seven principal epidemic diseases, caused 44 deaths, equal to a rate of 1.44 per 1000, as compared with an average rate of 2.06 for the previous ten years.

The rates in the Sub-districts were—Ecclesfield, 1.69; Bradfield, 0.93; Tankersley, 1.93; Wortley, nil.

TABLE C.

Zymotic Diseases—Death rates per 1000 of the population for the year 1908, and average rates for previous ten years.

Disease.	1898-1907.	1908.
Scarlet Fever	0.21	0.23
Diphtheria	0.56	0.23
Measles	0.25	0.10
Whooping Cough	0.23	0.36
Typhoid Fever	0.14	0.10
Diarrhœa	0.66	0.42
Total Zymotics	2.06	1.44

In England and Wales the zymotic death rate for 1908 was 1.29.

II.—PREVALENCE AND FATALITY OF INFECTIOUS DISEASES.

1.—Notifiable Diseases.

During the year 164 cases of infectious diseases were notified, equal to an attack rate of 5.38 per 1000 of the population, as compared with 15.6 during 1907 and an average rate of 10.4 during the previous ten years.

The attack rates in the Sub-districts were—Ecclesfield, 5.0; Bradfield, 6.4; Tankersley, 2.3; Wortley, 12.0.

TABLE D.

Notifiable Diseases.—Attack rates per 1000 of the population for the year 1908, and average rates for previous ten years.

Disease.	1898-1907.	1908.
Scarlet Fever	6.93	3.48
Diphtheria	2.16	1.12
Typhoid Fever	0.75	0.50
Erysipelas	0.55	0.19
Puerperal Fever	0.05	0.09
Small Pox	0.01	nil
Total	10.45	5.38

The above table shows that there has been a marked decrease in the prevalence of all the notifiable infectious diseases with the exception of Puerperal Fever.

Scarlet Fever.—Cases notified and deaths in previous years.

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Cases	314	267	397	163	74	139	96	242	359	351	106
Deaths	11	9	13	1	1	2	4	9	13	9	7
Fatality per cent	3.5	3.3	3.2	0.6	1.3	1.4	4.1	3.7	3.6	2.5	6.6
Percentage Removals to Hospital	67	55	49	63	78	74	92	79	59	56	85

There has been a large decrease in the number of cases of Scarlet Fever occurring during the year, only 106 cases have been notified as compared with an average of 240 for the previous ten years. The fatality rate has, however, increased, largely owing to a series of virulent cases in one family at Brackenhill.

In the **Ecclesfield** Sub-district, 52 cases occurred, equal to an attack rate of 2.8 per 1000. Of these, 46 were removed to hospital.

The localities chiefly affected were Chapeltown and Wadsley Bridge.

At Chapeltown 19 cases occurred, which were fairly evenly distributed throughout the year, the heaviest incidence being in August.

At Warren there were 5 cases and the same number at Brackenhill.

At Highgreen 8 cases occurred.

At Ecclesfield there were only 4 cases, one of these being at Butterthwaite.

At Wadsley Bridge there were 11 cases, 9 of which occurred during the first six months of the year.

In **Bradfield** Sub-district 40 cases occurred, equal to an attack rate of 4.6 per 1000 of the population. 35 cases were removed to hospital.

The incidence was heaviest at Oughtibridge and the neighbouring village of Worrall. Scarlet Fever had been very prevalent in Oughtibridge towards the end of 1907 and the National School was closed for six weeks from November 23rd. The closing of the school had apparently a decided effect in checking the spread of the infection. Thus during October 16 cases occurred in 11 families and during November 21 cases in 15 families, but during December there were only 5 cases in 2 families. During January, 1908, there was a slight recrudescence, 8 cases occurring in 6 families, 4 of whom were infected before the re-opening of the school. The outbreak now practically ceased, no further cases having occurred in Oughtibridge village during the year. The infection had meantime spread to Worrall and at Four Acres two families were infected during February, in one of which the children attended Worrall school.

At Worrall there were 16 cases, all of which occurred during January and February. 15 of these were removed to hospital and the infection died out very rapidly.

At Stannington there were 9 cases and 2 cases occurred in other parts of the parish.

In **Tankersley** Sub-district 5 cases occurred, of which 3 were removed to hospital.

In **Wortley** Sub-district 9 cases occurred, of which 6 were removed to hospital. Two of these cases occurred at Howbrook, 1 at Moorend, 3 at Hermit Hill and 3 near Wortley station.

TABLE E.

Monthly Notifications of Scarlet Fever.

Sub-districts	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Ecclesfield	5	5	1	2	1	4	9	13	3	6	2	1	52
Bradfield	19	8	4	1	2	—	—	—	1	3	2	—	40
Tankersley	1	2	—	—	—	—	—	1	—	—	1	—	5
Wortley	2	2	1	—	1	—	—	—	—	—	2	1	9
Whole District	27	17	6	3	4	4	9	14	4	9	7	2	106

Diphtheria and Membranous Croup.—Cases notified and deaths in previous years.

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Cases	19	89	243	120	27	13	33	23	54	127	34
Deaths	13	23	86	29	6	5	5	4	9	14	7
Fatality per cent.	68.4	25.8	35.3	24.1	22.2	38.4	15.1	17.4	16.6	11.0	20.6

During the year 30 cases of Diphtheria and 4 of Membranous Croup were notified, equal to a rate of 1.12 per 1000 as compared with an average of 2.16 for the previous ten years. Seven cases were removed to hospital.

In the Ecclesfield Sub-district 20 cases occurred. Ten of these were at Hesley Lane, 3 at Chapeltown, 3 at Highgreen, 3 at Wadsley Bridge, and 1 at Ecclesfield.

Hesley Lane suffered more severely than other localities, 10 cases occurring in 7 families. In recent years this part of the village of Thorpe Hesley had been particularly free from outbreaks of Diphtheria. With the exception of 3 cases in 1907, there is no record of any other cases since 1900. On this occasion the majority of the cases occurred in the lower and older part of the village, where in one group of houses the drains were found in a defective condition and in another group the privies were in a very insanitary state. Complaints were also made of offensive emanations from the sewer ventilating openings in the street at both extremities of the village. It is not likely that nuisances of that description are related to the outbreak as cause and effect but they are none the less objectionable and may weaken the resisting power of susceptible persons. The sewers have recently been joined up to those of the Borough of Rotherham and the sewage disposed of at the recently constructed works situated within the Borough boundary. Cases had occurred however, before this connection was made. Personal infection probably played the most important role in the spread of the disease, as in other parts of the village cases had occurred—8 cases in that part situated within the Borough of Rotherham and 3 in that part within the Rotherham Rural District, as I have been kindly informed by the medical officers of these areas. There was no suspicion of any spread of the infection by means of the milk supplies, which were obtained from five different sources.

The drainage and privy nuisances are being dealt with and the question of preventing the emission of offensive effluvia from the sewers by sealing the ventilating grids and erecting any necessary shafts is being considered.

At Highgreen, where there was a severe outbreak in 1907 which declined as soon as the Provided School was closed, only 3 cases occurred. No improvements to the school buildings have yet been carried out.

In Bradfield Sub-district 12 cases occurred. Seven of these were at Wharncliffe Side, 4 at Oughtibridge, and 1 at Low Bradfield.

In Tankersley and Wortley Sub-districts one case occurred in each area.

It is desirable again to refer to the importance of examining bacteriologically the throats of patients suffering from Diphtheria, not only in the early stage of the illness for diagnostic purposes but also during convalescence to ascertain the patient's freedom from infection. The period during which a patient remains infective varies very much and has no relation to the physical appearance of good health. When swabs are taken frequently from patients under treatment in hospital, it is found that quite a large percentage are still in a presumably infectious condition at the end of six weeks. Thus at the Birmingham City Hospital it is found that about 44 per cent of the patients still harbour diphtheria bacilli in their throats at the end of 40 days, and only about 34 per cent are free from infection at the end of four weeks. Of the seven cases treated in the Isolation Hospital during the year, one was not free from infection until 58 days and another until 34 days had elapsed from the onset of the illness. It is sometimes difficult to isolate a child at home when it appears to be quite well but still has diphtheria bacilli in its throat and there is, therefore, great advantage to be gained from the removal of cases of diphtheria to hospital from this point of view alone. In any case it is extremely important that every child's throat and if possible, every contact's throat should be bacteriologically examined before attendance at school is resumed. It is not always practicable to carry this out in every case but it would go a long way to attaining this ideal if the Education Authorities made it a rule not to allow a child to resume attendance at school unless a certificate of freedom from infection, as ascertained by a bacteriological examination of the throat, was forthcoming.

During the year 62 Swabs were taken from the throats of patients suffering or suspected to be suffering from Diphtheria or of persons who had been in contact with them.

Typhoid Fever.—Cases notified and deaths in previous years.

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Cases	37	37	25	36	14	28	22	16	33	9	15
Deaths	7	5	8	7	1	4	8	2	6	3	3
Fatality per cent	18.9	13.5	32.0	19.4	7.1	14.3	36.3	12.5	18.2	33.3	20.0

During the year 15 cases of Typhoid Fever were notified, and 3 deaths occurred, the fatality rate being 20 per cent. Four cases were removed to hospital. All the cases occurred in Ecclesfield Sub-district, 7 being at Wadsley Bridge, 2 at Ecclesfield, 2 at Grenoside, 1 at Chapeltown, 1 at Warren and 2 at Highgreen.

In at least 4 instances the infection was contracted outside the district. In the other cases the source of infection could not be traced with any degree of certainty. In no case was there any suspicion of shell fish infection and no specially insanitary conditions in the houses invaded were observed. Unrecognised cases and cases of diarrhœa were sought for but were not detected and multiple cases in the same family were this year conspicuous by their absence.

Erysipelas.—Six cases of Erysipelas were notified, none of which were fatal. Two cases occurred at Chapeltown, 2 at Stannington, 1 at Wigtwizzle and 1 at Wortley.

Puerperal Fever.—Three cases of Puerperal Fever were notified, 2 occurring at Chapeltown and 1 at Burncross. Five deaths were included under this heading, one occurring at the Jessop Hospital, Sheffield.

There were no cases of **Smallpox.**

Bacteriological Examinations were made in the County Laboratory of specimens sent from this district in 64 instances. These comprised 62 throat or nose swabs from patients supposed to be suffering from Diphtheria or persons in contact with them, 1 specimen of blood and 1 of urine from patients suffering from Typhoid Fever.

General Preventive Measures.—The general preventive measures comprised inquiry at the infected houses, distribution of printed instructions regarding the precautions to be taken to prevent the spread of infection, the gratuitous supply of Izal disinfectant from depots in various parts of the district, the disinfection of the home and, in a considerable number of instances, the removal of infected bedding and clothing to the steam disinfector at the Isolation Hospital.

2—Non-notifiable Diseases.

Diarrhœa.—Deaths in previous years.

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Deaths	42	23	43	38	6	12	14	15	25	12	13

The deaths from Diarrhœa and Epidemic Enteritis numbered 13, the diarrhœa rate per 1000 of the population being 0.42 as compared with 0.66 for the previous ten years.

Of the deaths, 2 occurred at Ecclesfield, 2 at Hesley Lane, 2 at Highgreen, 2 at Wadsley Bridge and 1 each at Chapeltown, Charlton Brook, Shiregreen, Oughtibridge and Stannington.

MONTHLY INCIDENCE OF DIARRHŒA DEATHS.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Diarrhœa ..	—	—	—	—	—	—	1	2	2	3	—	—
Epidemic Enteritis ...	—	—	—	—	—	—	—	3	1	1	—	—
Total ..	—	—	—	—	—	—	1	5	3	4	—	—

Measles.—Deaths in previous years :—

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Deaths	8	3	14	15	10	10	1	3	1	23	3

Only 3 deaths were due to Measles, one of which occurred at Chapeltown, 1 at Tankersley, and 1 at Burncross.

Except at Tankersley and at Hollow Meadows, in Bradfield sub-district, Measles was not very prevalent in the district during the year. During 1907 the district suffered severely from this infectious disease, and the mortality was high, especially at Chapeltown, so that in the populous localities it is not likely to cause a large amount of sickness for another year or two. At Tankersley the infant scholars were chiefly affected, and the Infant Department of the National School was closed for three weeks. At Hollow Meadows, Measles was introduced from Derbyshire, and spread amongst the children with great rapidity. As the disease is said not to have occurred in this locality for about 15 years, very few of the children were immune, and the school was closed from December 14th till after the Christmas holidays.

Whooping Cough.—Deaths in previous years :—

Year	1898	1899	1890	1901	1902	1903	1904	1905	1906	1907	1908
Deaths	5	4	18	12	9	5	9	2	7	8	11

Whooping Cough caused 11 deaths, 3 occurring at Highgreen, 4 at Tankersley, 2 at Wadsley Bridge, 1 at Ecclesfield, and 1 at Bradfield. Whooping Cough was prevalent in the early part of the year at Tankersley, Wadsley Bridge, and Highgreen, and in the latter part of the year at Grenoside, where the infant scholars were affected to such an extent that closure of the Infant Department of the Provided School for six weeks was resorted to.

Schools and Infectious Diseases.—During the year 261 notices were received from the school attendance officers and from the head teachers regarding children absent from school on account of supposed infectious sickness. These notices referred to the following diseases:—Measles 74, Whooping Cough 121, Chicken Pox 22, Mumps 15, Scarlet Fever 19, Diphtheria 3, Sore Throat 7. Chicken Pox was prevalent at Worrall and Wharncliffe Side, and Mumps at Ecclesfield.

III.—GENERAL SANITATION.

The Isolation Hospital.

During the year 101 cases were admitted to the Isolation Hospital, viz.:—Scarlet Fever 90, Diphtheria 7, Typhoid Fever 4. There remained over from last year 25 cases of Scarlet Fever, the total number of cases treated being 126.

Of the cases of Scarlet Fever, 105 recovered, 6 died, and 4 remained in hospital at the end of the year, the fatality rate being 5.9 per cent. The mortality is higher than usual, owing to a series of cases of a virulent type occurring in one family. 16 cases were treated at home, of which 1 died, equal to a fatality rate of 6.2 per cent. During the eight years, 1901-1908, 1056 cases of Scarlet Fever were treated in hospital, of which 23 died, giving the low fatality rate of 2.2 per cent. During the same period 474 cases were treated at home, of which 23 died, equal to a fatality rate of 4.8 per cent.

Of the cases of Diphtheria, 6 recovered and 1 died, equal to a fatality rate of 14.3 per cent. 27 cases were treated at home, of which 6 died, equal to a fatality rate of 22.2 per cent.

Of the cases of Typhoid Fever, 2 recovered and 2 remained in hospital at the end of the year. 11 cases were treated at home, of which 3 died, equal to the high fatality rate of 27.2 per cent.

With regard to the age incidence of the Scarlet Fever admissions, 21 were between 1 and 5 years, 56 between 5 and 15 years, 9 between 15 and 25 years, and 4 were over 25 years of age.

The more important complications occurring amongst the cases of Scarlet Fever were :—Otitis Media, 8 ; Adenitis (suppurative), 5 ; Nephritis, 2 ; Arthritis, 5 ; Pneumonia, 2 ; Rhinitis, 9 ; Erythema nodosum, 1 ; Relapse, 1. There were 3 "return" cases, *i.e.*, cases occurring in the same house within 28 days of the discharge of a patient from hospital. One of these sickened 13 days, one 14 days, and one 26 days after the discharge of the patient. Considering the inadequate arrangements for dealing with patients immediately before they are sent home, this percentage is not a large one. The hospital equipment cannot, however, be considered to be satisfactory until a proper discharge block is erected.

Owing to the comparatively low admission rate of Scarlet Fever, it was possible during part of the year to allocate one wing of the hospital for dealing with cases of Diphtheria and Typhoid Fever. As there are always a few cases of these diseases which, owing to bad home conditions or other circumstances, urgently require hospital isolation, one ward at least ought always to be in readiness for the admission of such cases. This cannot be satisfactorily accomplished at the present time unless there is low prevalence of Scarlet Fever, and it is much to be regretted that no further progress has been made with the contemplated extensions.

The question of separate accommodation for cases of Smallpox is again under consideration.

Water Supply.—The rainfall for the year amounted to 22.40 inches at Potter Hill, as compared with an average of 26.11 inches for the previous seven years. Rain fell on 179 days, March being the wettest and November the driest months.

As I have mentioned in previous reports, all the populous villages in the district, with the exception of the upper part of Grenoside, are well supplied with water for domestic purposes. This exception has been so frequently mentioned that the position of Grenoside, as regards its water supply, and the difficulties encountered in improving it, may be restated. This village is situated on rising ground at a considerable elevation, the lowest part being 570 feet and the highest part 800 feet above ordnance datum. The lower part of the village is supplied with water from the Sheffield Corporation's main in Penistone Road, which, further on, supplies water in bulk to Highgreen, Chapeltown, &c. In 1903, owing to frequent complaints as to the inadequacy and inconstancy of the supply to houses situated in the higher part of this area, the Corporation constructed a storage tank capable of holding two days' supply. For a time this seemed to effect an improvement, but complaints have again been frequent, and it would appear that at times this tank is almost empty. The supply from the Corporation main is thus at present not as satisfactory as it ought to be, owing, probably, to the inadequacy of the main. The upper part of the village, comprising 51 houses, is dependent partly on an old well, the water from which is conveyed in iron pipes to roadside troughs at various points, and partly on pumps in the yards or, in some instances, on the kitchen sinks. The water in the well is not liable to pollution at its source, but pollution occurs in the troughs, and as the water is piped from one trough to another, the quality of the water deteriorates in its course through the village. It is also insufficient in quantity in the summer months. The underground water from which the pumps draw their supply is liable to contamination from privies, drains, &c. There seem to be good reasons for believing that on the higher ground above the village water exists in sufficient quantity to supply the upper part, and five years ago the Council proposed to sink an experimental well to test this point. The Corporation, however, objected, and offered to pump water to this area if the Council guaranteed an annual payment of £114. This was considered excessive, and the matter has made no further progress.

The question of expense enters into most attempts to improve the water supply of other more or less isolated groups of houses, such as those at Lapwater, Hole House, Whitley, and The Rails, Stannington, which have on previous occasions been under consideration. It is impracticable in most of these cases to eliminate all the possible sources of contamination to existing supplies, and the provisions of the Public Health Water Act are of no material assistance in compelling the owners to provide a proper supply owing to the cost being greater than is allowed by that Act. In such cases the only alternative is to endeavour to secure an arrangement by which the owners and the Council mutually contribute to the capital expenditure involved. It is not always easy to bring about such an agreement, owing to the unwillingness of some owners to contribute their proportion of the expense, and in other instances to the expense being out of all proportion to the number and value of the properties benefited.

In the case of Lapwater, The Hurst, and Clay Wheel Cottages, the existing supply is very inadequate in the summer months. The cost of utilising the existing spring and distributing the water in mains was considered to be too expensive in view of the small number of houses that could be supplied in this way. The guarantee required by the Sheffield Corporation for supplying Clay Wheel Cottages, Lapwater, and the Lower Hurst is about £50 per annum. The probable revenue that would be derived from consumers in reduction of this amount would not exceed £16. Owing to its altitude, the Upper Hurst could not be supplied by this scheme. A more circuitous route would have to be taken in order to afford a supply to the Upper Hurst, and the guarantee required amounted to £103 per annum. The Council considered these various methods of improving the supply but did not think they would be justified in entering into the guarantee required unless the owners of properties that would be benefited would substantially contribute towards such payment. A scheme for supplying Clay Wheel Cottages only is now under consideration.

During the year water was laid on to several houses in Oughtibridge and Stannington, and to a few in the lower part of Grenoside, which had not previously been connected with the mains. One farm near Ecclesfield, which was previously dependent on a local source of supply liable to pollution, was connected with the Ecclesfield mains, the cost of extension, amounting to £2 16s. per annum, being guaranteed by the Council.

Plumbo-Solvency.—No cases of lead poisoning due to public water supplies have during recent years occurred in the district.

The Sheffield Corporation water, part of which is well known to possess plumbo-solvent properties and to receive effective treatment to prevent its acting on lead pipes, supplies almost the whole of Ecclesfield Sub-district and part of Bradfield.

In Bradfield parish, the Hallbroom water which supplies an extensive area and is under the control of the Council is a spring moorland water, which is soft but not acid. In order, however, to obviate any possible risks of lead poisoning, no houses are allowed to be connected with the mains unless the pipes used for conveying water for drinking and culinary purposes are made of cast iron or copper. The same regulation applies to connections made with the Oughtibridge local supply.

The parish of Wortley and part of Tankersley are supplied chiefly from the Earl of Wharncliffe's private reservoir, the water of which is soft but not acid. The supply to the remaining portion of Tankersley is derived from the Dearne Valley Water Company's reservoirs, the water of which is hard and devoid of plumbo-solvent qualities.

In regard to private supplies, only two cases of Plumbism due to water have been brought to my notice during the last eight years. One of these occurred in 1901 and was caused by the erosive action of the water on a new lead pipe which had been substituted for an old one. The other was mentioned in my report for 1906, and was due to the use of water derived in part from a moorland source. The water was a very soft one but was not acid at the time of testing, yet lead was found in dangerous quantities in samples drawn from the various taps in the house. Though the researches of Dr. Houston have led him to conclude that only those waters which are acid, such as acid peaty waters, are capable of dissolving lead to any appreciable extent, and that natural waters, other than rain or moorland waters, commonly have no power of eroding lead, still I think that all very soft waters, whether acid or not, should be looked on with suspicion. Such waters, after prolonged contact with lead, frequently contain appreciable quantities of the metal in solution, and it is advisable always to run off such water for a minute or so before using it for drinking or culinary purposes. A soft water of this description is that which supplies the Workhouse and Isolation Hospital, and which has been in use for many years without having caused any illness due to Plumbism. Yet lead in appreciable quantities is found in the taps both at the Workhouse and the Hospital when the water has not been run off for some time. The action of soft neutral waters on lead pipes after prolonged contact deserves, I think, further investigation.

Sewerage and Sewage Disposal.—During the year new sewers were constructed at the village of Worrall, at a cost of £354, the sewage being conveyed to a temporary tank situated some distance from the village.

The much-discussed sewage disposal scheme for Wharncliffe Side was again under consideration, but the difficulties encountered in securing a site for the disposal works have not yet been overcome.

Complaints have so frequently been made regarding offensive emanations from the surface ventilating grids of various sewers that an experiment was made during the year, at Ecclesfield, of closing all the street grids and substituting, where necessary, ventilating shafts. The cost was a very small one, iron plates being used for sealing the openings, and only one ventilating shaft was erected in addition to the ventilating pipes, 80 in number, which already existed in the village. The experiment has, so far, been entirely successful, no complaints having been received and no difficulties having arisen from an engineering point of view.

The exact amount of danger to health arising from the inhalation of sewer or drain air has not yet been satisfactorily determined. The popular idea has always been that the breathing of sewer air is injurious to health and predisposes to specific infection. That the chemical gases given off from decomposing sewage in badly ventilated sewers are poisonous cannot be denied, but it is a more doubtful point whether sewer gases when largely diluted with fresh air are capable of causing illness, and it is still more doubtful whether specific diseases can be conveyed by sewer air. Experiments made about 15 years ago pointed to the conclusion that such could not be the case, as the air of sewers was found, by the methods of examination then available, to contain fewer germs than the outside air, and such germs as were found were probably derived from the air and not from the sewage itself. Notwithstanding these experiments, it has been almost universally assumed that the escape of drain or sewer air into houses does introduce serious risk to health and should be prevented. The subject is again being re-investigated in the light of more advanced bacteriological knowledge and technique, and the conclusions, so far arrived at, are that sewage can under certain circumstances readily give up the germs contained in it to sewer or drain air. The breathing of such air is thus shown to be potentially harmful, as disease-causing organisms may be present at times in the sewage. These recent experiments, therefore, tend in some measure to confirm the popular opinion and to justify the policy of sanitarians in taking measures to prevent the escape of sewer or drain air into dwelling-houses and into the street at surface level.

Excrement Disposal and Scavenging.—Except in the village of Ecclesfield, the scavenging work was carried out in the same way as in previous years, by letting the work to contractors. Complaints had been so frequently made of neglect and inefficiency on the part of the contractors that a different method was tried in Ecclesfield village. Instead of letting the work by contract, the Council employed one man at a fixed weekly wage to empty the ashpits, and a horse and cart was hired by the day to remove the refuse to a "tip." This arrangement has worked much more satisfactorily, and might with advantage be adopted in other urban localities where there are no difficulties in disposing of the refuse.

Nuisances.—During the year 104 nuisances were dealt with, of which 72 were abated. The nuisances were :—defective and insanitary privies, 69 ; choked or defective drains, 26 ; choked water-closet, 1 ; refuse tip nuisance, 1 ; pigs improperly kept, 1 ; overcrowding, 1 ; insufficient water supply, 5. Most of the privy nuisances occurred in Grenoside village, where there was a considerable number of very old privies with open and leaking ashpits, which were, many of them, placed in too close proximity to dwelling-houses, and were also liable to contaminate the water supply of several houses. About one-half of these have been converted into waste water closets.

Offensive Trades.—No new slaughter-houses were licensed during the year. Inspection of those already licensed did not reveal any cause for serious complaint regarding the manner in which the business was conducted.

Dairies and Cowsheds.—During the year 49 notices were issued for the alteration of cowsheds. Of these, 24 have already been reconstructed or so altered as to comply with the Regulations. One has been disused. Considerable progress has been made during the last three or four years in structurally improving cowsheds, so as to bring them up to the standard required by the Regulations, which is not an unreasonably high one. There has also been a distinct improvement noticeable in the cleanliness of the cowsheds and the cows. A few farmers, I am glad to be able to state, are regularly grooming the cows, with great advantage to the cleanliness and well-being of the cows. Some of those who at first ridiculed the proposal are now strong advocates of daily grooming, because they find it improves the general condition of the cows, renders them less irritable and less subject to local parasitic infections. Another great advantage is that it lessens the faecal contamination of the milk. The importance of this cannot be overstated in view of the Report of the Royal Commission on Tuberculosis just issued, which shows that tuberculous cows, whether or not they are suffering from tuberculosis of the udder, excrete enormous numbers of tubercle bacilli in their faeces, some of which are almost certain to find their way into the milk. One of the great difficulties farmers have to contend with in supplying clean milk is the incompetency of many of the labourers who are employed as cowmen. The labour market in this respect is inadequate, there being a greater demand for good men than can be met by the present supply.

A considerable amount of work was carried out during the year, under Article 2 of the Dairies, Cowsheds & Milkshops Order, 1899, in the detection of cows suffering from tuberculous udder disease and prohibiting the use of milk from such cows for human consumption. At the commencement of the year the Council appointed Mr. Abson, F.R.C.V.S., to examine cows for this purpose whenever called upon to do so. Mr. Abson was called in to examine the herds on 13 farms, and amongst these 7 cows were found to be suffering from tuberculous udders. Of these, 5 were certified on clinical grounds alone and 2 after samples of milk from the suspected udders were bacteriologically examined at the County Laboratory. Of 13 samples bacteriologically examined, 11 proved negative. All the cows which were proved to be suffering from tuberculous udders were thrown out of milk and removed as soon as possible from the premises.

The employment of a veterinary surgeon in this way is undoubtedly a step in the right direction. Some cases of tuberculosis of the udder are no doubt overlooked, and a better procedure would be for the veterinary surgeon to make a systematic examination of all milch cows in the district at regular intervals. The elimination of all cows with tuberculous udder disease would even then be a sufficiently difficult task, but the Report of the Royal Commission shows that it will be necessary to go even further than this, if milk infected with tubercle bacilli is to be prevented from being supplied to the public. Their findings point to the necessity of excluding the milk not only of cows suffering from tuberculous disease of the udder, but also of those suffering from tuberculosis of any organ of the body. This means ultimately the wholesale application of the tuberculin test to our milch herds, for the carrying out of which further legislation is obviously required.

Diseases of Animals Act, 1894.—No outbreaks of Anthrax were reported during the year.

New Buildings.—Plans were passed during the year for 2 new streets and 110 new buildings, most of which were cottages for the working classes. Plans were also passed for 36 sundry alterations and extensions. Three breaches of the Building Bye-laws were dealt with.

Housing of the Working Classes.—Representation was made by me during the year under Sec. 30, Housing of the Working Classes Act, 1890, regarding a row of four cottages at Thompson Hill, Highgreen, in the occupation of three separate families. These are very old, single-storied cottages, the walls and floors of which are very damp, owing to the walls being partly back to earth and having no damp-proof course, and to dilapidated eaves spoutings, and fall pipes. The lighting and ventilation of the rooms are defective, there being no proper through ventilation, some of the windows being "fast." Some of the drain traps are also defective, and the roof is in a similar condition. A Committee of the Council viewed the property and confirmed my opinion that the houses were not fit for habitation. The Council are at present in communication with the owners with a view to their being closed.

The cottages at Chapeltown and Grenoside, previously condemned, still remain closed. New cottages have been erected at Southey on the site of those which were demolished.

Factories and Workshops.—There are now on the Register 118 workshops, viz. :—filecutters and forgers, 46 ; cutlers, 12 ; razor scale pressers, 12 ; bakers, 8 ; dressmakers, tailors, &c., 8 ; joiners, blacksmiths, &c., 25 ; other workshops, 7. Several of the file-cutting workshops, which were previously occupied by more than one person, were found to be used only by one worker, and are not included in the above list. No notices of occupation of new workshops were received from the Factory Inspector during the year.

Almost all the workshops in the district are small places, where only two or three persons are employed, and it is frequently difficult to decide whether certain premises ought to be registered or not. When inspected, some of these places are found to be used by only one person, but at other times two men may be working. Many of these places are on the Register, though they are not included in the list given above, and 31 of these single workplaces were inspected during the year. In the file-cutting trade these single workplaces are treated as outworkers' premises, and are dealt with under the sections of the Factory & Workshop Act relating to home work. In most other trades they can only be dealt with under the nuisance sections of the Public Health Act.

The workshops generally were found to be kept in a cleanly condition, but in three razor-scale pressing workshops limewashing had been somewhat neglected. The file-cutting workshops have greatly improved since the special regulations for this trade came in force.

One notice was received from the Factory Inspector regarding insufficient closet accommodation, but as Sec. 22 of the Public Health Amendment Act, 1890, is not adopted in the district, the duty of enforcing proper accommodation really devolves on the Factory Inspector. As a rule, however, when such notices have been received, the matter has been dealt with by the Council. This is the most satisfactory arrangement, and no difficulty has arisen in previous years, even though the particular section is not in force.

Two lists of outworkers were received, in accordance with the provisions of the Act, from a firm in the district employing outworkers in the file-cutting trade. A list was also received from the Sheffield Sanitary Authority containing the names of 47 outworkers in the file-cutting trade whose place of residence was in this district.

These lists each year show a smaller number of persons employed in the hand file-cutting trade, the previous year's list containing the names of 60 outworkers. The trade is no doubt in a decaying condition, owing to the general use of machines for file-cutting, but there seems likely to be a fair demand for certain kinds of hand-cut files for some time yet, though the average wages earned by the workers are so low that few young persons are found willing to become apprenticed to the trade.

The Statistical Tables required by the Local Government Board are appended.

TABLE I.

Vital Statistics of Whole District during 1908 and previous years.

WORTLEY RURAL DISTRICT.

YEAR.	Population estimated to Middle of each Year	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
				Under 1 year of age.		At all ages.						
		Number	Rate*	Number	Rate per 1000 Births registered	Number	Rate†				Number	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898	43,483	1362	32·5	211	154	818	18.8		181		637	15·2
1899	44,494	1413	32·9	194	137	898	20·1		193		705	16·4
1900	45,532	1429	32·5	244	170	990	21·7	256	205	13	798	18·2
1901	43,786	1463	34·6	192	131	836	19·1	216	192	17	661	15·7
1902	30,057	937	32·9	115	122	582	19·3	217	195	6	393	13·8
1903	30,375	962	33·4	123	127	589	19·3	214	198	10	401	13·9
1904	30,698	949	32·6	115	122	600	19.5	205	171	11	440	15·1
1905	31,025	893	30·3	110	123	561	18·8	162	146	17	432	14·7
1906	31,357	943	31·7	106	112	568	18·1	196	170	15	413	13·9
1907	31,693	866	28.7	117	135	643	20·3	194	162	16	497	16·5
Averages for years 1898—1907	36,250	1122	32·4	153	136	708	19.5		181		538	15·5
1908	32,045	966	31.7	118	122	607	18.9	194	170	16	453	14.9

† Rate in column 8 calculated per 1000 of estimated population.

Rates in columns 4, and 13, calculated per 1,000 of estimated population, exclusive of the "non-resident" population of South Yorkshire Asylum.

Area of District in acres (exclusive of area covered by water)—52,230. Total Population at all ages at Census of 1901—29,665.

Number of Inhabited Houses at Census of 1901—5,513. Average number of persons per house at Census of 1901—5·0.

NOTE.—The deaths included in column 7 of this table are the whole of those registered during the year as having actually occurred within the district. The deaths included in column 12 are the number in column 7, corrected by the subtraction of the number in column 10 and the addition of the number in column 11.

I. Institutions within the District receiving sick and infirm persons from outside the District—South Yorkshire Asylum ; Grenoside Workhouse (part).

II. Institutions outside the District receiving sick and infirm persons from the District—Royal Infirmary, Sheffield ; Royal Hospital, Sheffield ; Women's Hospital, Sheffield ; Children's Hospital, Sheffield.

III. Other Institutions, the deaths in which have been distributed among the several localities in the District—Workhouse, Grenoside ; Isolation Hospital, Grenoside.

IV. Is the Union Workhouse within the District ?—Yes.

TABLE II.

Vital Statistics of separate Localities in 1908 and previous years.

WORTLEY RURAL DISTRICT.

Names of Localities.	WHOLE DISTRICT				ECCLESFIELD				BRADFIELD				TANKERSLEY AND WORTLEY			
Year.	Population estimated to middle of each Year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each Year.	Births registered.	Deaths at all Ages.	Deaths under 1 Year.	Population estimated to middle of each Year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1898	43,483	1362	637	211	31,646	1013	472	164	8,436	251	118	33	3401	98	47	14
1899	44,494	1413	705	194	32,536	1044	521	145	8,549	256	132	32	3409	113	52	17
1900	45,532	1429	798	244	33,451	1076	614	201	8,664	257	140	30	3417	96	44	13
1901	43,786	1463	661	192	31,778	1108	497	162	8,581	254	130	31	3427	105	43	10
1902	30,057	937	393	115	18,543	600	230	69	8,078	229	121	33	3436	108	42	13
1903	30,375	962	401	123	18,720	636	254	85	8,210	218	105	30	3445	108	42	8
1904	30,698	949	440	115	18,898	634	292	87	8,345	214	99	18	3455	101	49	10
1905	31,025	893	432	110	19,078	601	288	68	8,482	208	97	34	3465	84	47	8
1906	31,357	943	413	106	19,260	633	271	70	8,621	215	98	26	3476	95	44	10
1907	31,693	866	497	117	19,444	600	317	79	8,762	190	127	30	3487	76	53	8
Averages of Years 1898 to 1907.	36,250	1122	538	153	24,335	794	376	113	8,473	229	117	30	3442	98	46	11
1908	32,045	966	453	118	19,640	647	281	71	8,906	214	121	31	3499	105	51	16

TABLE III.

WORTLEY RURAL DISTRICT.

Cases of **INFECTIOUS DISEASE** notified during the Year 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.			NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.			Total cases removed to hospital.
	At all ages	At Ages—Years.						Ecclesfield	Bradfield	Tankersley and Wortley	Ecclesfield (H. W.)	Bradfield	Tankersley and Wortley	
		Under 1.	1 to 5	5 to 15	15 to 25	25 to 65	65 and upds							
Small-pox														
Cholera														
Diphtheria including Membranous Croup	34		8	24		2		20	12	2	6		1	7
Erysipelas	6					5	1	2	3	1				
Scarlet Fever ...	106	1	24	68	10	3		52	40	14	46	35	9	90
Typhus Fever ...														
Enteric Fever ...	15		2		5	8		15			4			4
Relapsing Fever ...														
Continued Fever ...														
Puerperal Fever ...	3				1	2		3						
Plague														
Pulmonary Tuberculosis														
TOTALS	164	1	34	92	16	20	1	92	55	17	56	35	10	101

Isolation Hospital—Grenoside, Ecclesfield. Total available beds—18. Number of diseases that can be concurrently treated—Two.

TABLE IV.

WORTLEY RURAL DISTRICT.

Causes of, and Ages at, Death during the Year 1908.

Causes of Death.	Deaths in or belonging to whole District at subjoined Ages							Deaths in Localities (at all Ages).			Total Deaths in Public Institutions in the District.
	All ages	Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Ecclesfield	Bradfield	Tankersley and Wortley	
Small-pox											
Measles	3	1	2	...	...	...	..	2	...	1	1
Scarlet fever	7	1	4	2	..	..	...	6	1	...	6
Whooping-cough	11	6	4	1	...	...	...	6	1	4	...
Diphtheria and membranous croup	7	...	4	3	...	...	...	3	4	...	1
Croup	1	..	1	...	...	..	...	1	...	..	..
Fever: Typhus											
Fever: Enteric	3	...	...	...	...	3	..	3	...	...	...
Fever: Other continued...											
Epidemic Influenza ..	4	...	..	...	...	3	1	3	1	...	...
Cholera											
Plague											
Diarrhœa	13	12	1	...	...	...	...	11	2	...	...
Enteritis	9	5	2	1	...	1	...	2	4	3	...
Puerperal Fever	5	...	...	..	2	3	...	4	1	...	...
Erysipelas	...	...	...	...	..	...	...	...	...	...	...
Other septic diseases ...	...	...	...	...	...	...	...	..	...	...	...
Phthisis	16	1	..	1	1	13	...	9	6	1	20
Other tubercular diseases	17	8	5	2	...	2	...	15	2	..	4
Cancer, malignant disease	24	...	...	...	...	21	3	12	9	3	2
Bronchitis	38	13	2	..	...	6	17	19	14	5	5
Pneumonia	55	20	12	...	3	9	11	38	13	4	17
Pleurisy	1	...	...	...	...	1	...	1	...	...	...
Other diseases of Respiratory organs	7	...	...	...	...	5	2	2	5	...	5
Alcoholism / Cirrhosis of liver ...	5	...	...	...	...	3	2	4	1	..	1
Venereal diseases ...	1	...	...	...	.	1	...	...	1	...	3
Premature birth	18	18	...	...	...	...	...	10	5	3	..
Diseases and accidents of parturition	7	...	...	...	1	6	...	4	2	1	...
Heart diseases	48	..	...	3	4	17	24	34	8	6	23
Accidents	11	1	1	2	4	3	...	3	4	4	5
Suicides	...	...	...	...	...	...	...	..	...	...	...
Old Age	29	...	...	...	...	...	29	19	7	3	1
Diseases of Nervous system	59	14	4	1	1	19	20	37	15	7	53
Diseases of Alimentary system	7	...	...	...	...	5	2	5	1	1	8
Developmental diseases	20	18	2	..	..	...	...	12	5	3	...
Nephritis	10	...	...	...	1	6	3	7	2	1	27
All other causes	17	...	4	1	3	8	1	9	7	1	12
All causes	453	118	48	17	20	135	115	281	121	51	194

TABLE V.

WORTLEY RURAL DISTRICT.

Infantile Mortality during the Year 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-2 months	2-3 months	3-4 months	4-5 months	5-6 months	6-7 months	7-8 months	8-9 months	9-10 months	10-11 months	11-12 months	Total Deaths under One Year
ALL CAUSES	Certified	23	7	4	1	35	11	7	7	9	8	7	8	4	6	4	8	114
	Uncertified	2	...	...	...	2	...	...	1	...	...	...	1	...	...	...	...	4
Common Infectious Diseases	Small-pox																	
	Chicken-pox																	
	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
	Scarlet Fever	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	1
	Diphtheria: Memb. Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough ...	...	...	...	...	...	...	...	1	1	...	1	...	1	1	1	...	6
Diarrhœal Diseases	Diarrhœa, all forms ...	...	...	...	...	...	1	3	2	...	2	1	1	...	1	1	...	12
	Enteritis, Muco-enteritis, Gastro-enteritis	...	...	...	1	1	1	...	1	...	...	1	...	...	...	1	...	5
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases	Premature Birth ...	14	3	...	...	17	...	1	...	...	...	...	...	...	...	...	...	18
	Congenital Defects ...	2	1	2	...	5	...	...	...	...	...	...	...	...	...	...	1	6
	Injury at Birth ...	1	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	1
	Want of Breast-milk ...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	..	...
	Atrophy, Debility, Marasmus	4	1	1	...	6	3	...	...	...	...	...	...	2	...	...	...	11
Tuberculous Diseases	Tuberculous Meningitis						...	...	...	...	...	...	...	...	1	...	...	1
	Tuberculous Peritonitis: Tabes Mesenterica						1	1	...	1	..	...	2	...	...	...	1	6
	Other Tuberculous Diseases						...	...	...	...	...	1	...	...	1	...	...	2
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis																	
	Rickets																	
	Meningitis ... ... (*not Tuberculous*)	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	2
	Convulsions	4	1	1	...	6	...	...	1	1	1	...	3	...	..	...	...	12
	Bronchitis	...	1	...	...	1	2	1	...	2	2	2	...	1	...	1	1	13
	Laryngitis																	
	Pneumonia	...	...	...	...	...	3	1	1	3	3	1	2	...	2	...	4	20
	Suffocation, overlying ...						...	...	1	...	...	...	..	...	...	...	...	1
	Other Causes	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
		25	7	4	1	37	11	7	8	9	8	7	9	4	6	4	8	118

Population estimated to middle of 1908, 32,045.

Births in the year: legitimate, 929; illegitimate, 37. Deaths from all Causes at all Ages, 453.

Deaths in the year of legitimate infants, 105; illegitimate infants, 13.